

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 11264

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

4. Name, file number, and address of labor organization.

Name Scott Byrne	Name Plumbers and Pipefitters Local 422	
	Labor Organization File Number 019-488	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 2114 S. I-80 Frontage Road	Street 2114 S. I-80 Frontage Road	
City Joliet	City Joliet	
State Illinois ZIP Ccde + 4 60436	State Illinois ZIP Code + 4 60436	
5. Position in labor organization. Business Agent		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organiza	r derived income or other economic benefit of tion represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed MOH Byme

ZIP Code + 4

on 5-8-06

815-725-0278

Street

City

State

Name of Person Filing Scott Byrne File Number U-B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Joliet Contractors Association X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 465 Ruby Street Joliet State Illinois ZIP Code + 4 60436 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. The Contractors Association represents the employers Name of Local 422. There is no direct dealing between the Contractors Association and the Union. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. \$0 City 12.a. Nature of interest held or income received. Attendance at golf outing, meals and Christmas ZIP Code + 4 State party. \$500 12.b. Amount.

C. Received from any employer (o or from any labor relations consultant t	ther than an employer covered o an employer any payment of m	under parts A and B above) oney or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.